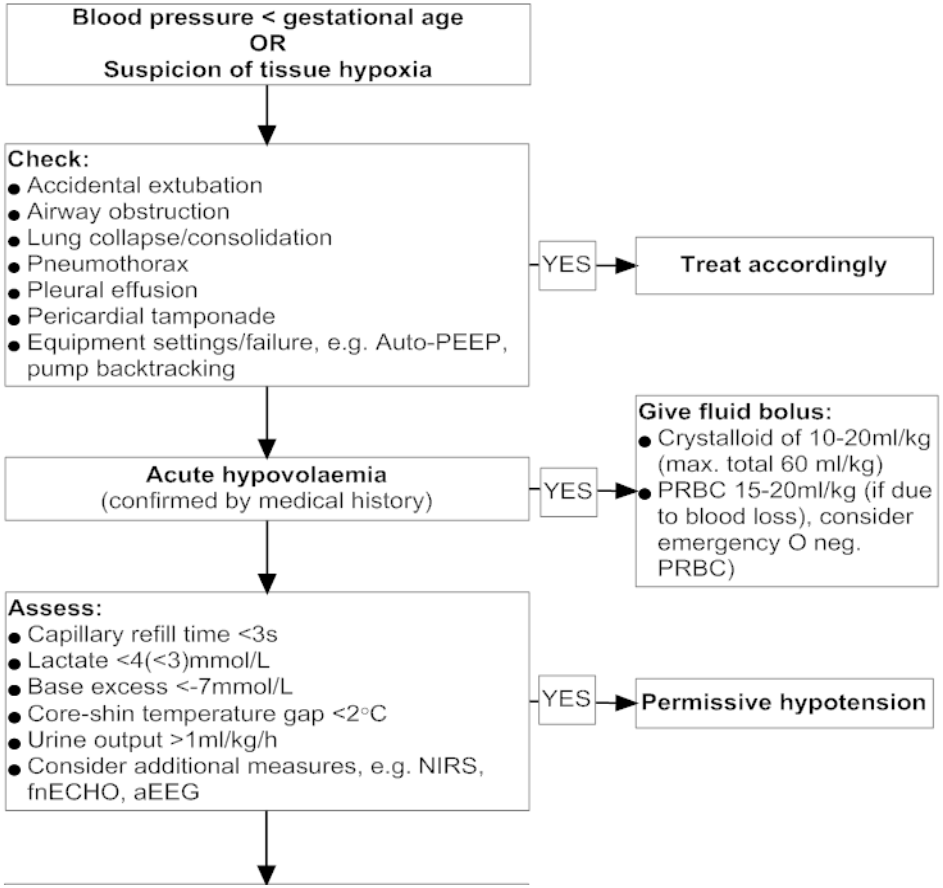
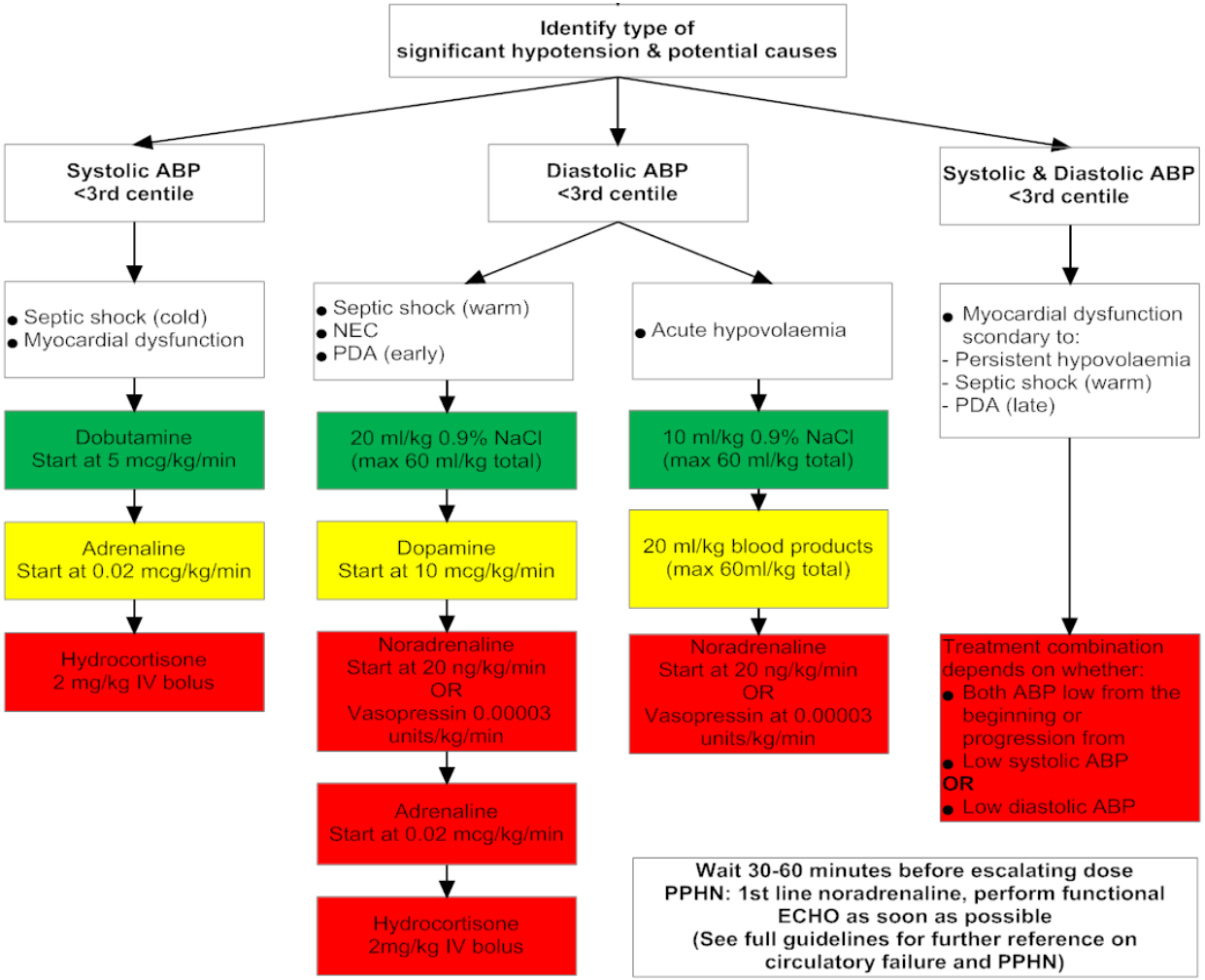
CIRCULATORY FAILURE




Identify type of significant hypotension & potential causes
Systolic ABP <3rd centile
Diastolic ABP <3rd centile
Systolic & Diastolic ABP <3rd centile
• Septic shock (cold)
• Myocardial dysfunction
• Septic shock (warm)
• NEC
• PDA (early)
• Acute hypovolaemia
• Myocardial dysfunction scondary to:
- Persistent hypovolaemia
- Septic shock (warm)
- PDA (late)
Dobutamine Start at 5 mcg/kg/min
20 ml/kg 0.9% NaCl (max 60 ml/kg total)
10 ml/kg 0.9% NaCl (max 60 ml/kg total)
Adrenaline Start at 0.02 mcg/kg/min
Dopamine Start at 10 mcg/kg/min
20 ml/kg blood products (max 60ml/kg total)
Hydrocortisone 2 mg/kg IV bolus
Noradrenaline Start at 20 ng/kg/min OR Vasopressin 0.00003 units/kg/min
Noradrenaline Start at 20 ng/kg/min OR Vasopressin at 0.00003 units/kg/min
Treatment combination depends on whether:
• Both ABP low from the beginning or progression from
• Low systolic ABP
OR
• Low diastolic ABP
Adrenaline Start at 0.02 mcg/kg/min
Hydrocortisone 2mg/kg IV bolus
Wait 30-60 minutes before escalating dose
PPHN: 1st line noradrenaline, perform functional ECHO as soon as possible
(See full guidelines for further reference on circulatory failure and PPHN)